COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL031449 US

| As a below named inventor, I he | reby declare that: | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| My residence, post office addres | ss and citizenship are as state | d next to my name. | | | | | | |
| believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if lural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention ntitled: | | | | | | | | |
| the specification of which (check | only one item below): | | | | | | | |
| is attached hereto. | | | | | | | | |
| was filed as United States ap | pplication | | | | | | | |
| Serial No | | | | | | | | |
| on | | | | | | | | |
| and was amended | | | | | | | | |
| on | | | | | | | | |
| ित्रो was filed as PCT internation | al application | | | | | | | |
| | ai application | | | | | | | |
| Number PCT/IB2004/052593 | | | | | | | | |
| on 30 November 2004 | | | | | | | | |
| and was amended under PCT | Article 19 | | | | | | | |
| on | | | (if applicable). | | | | | |
| | | and the second second | Constantina Man | | | | | |
| I hereby state that I have review claims, as amended by any am | ved and understand the conte endment referred to above. | nts of the above-identified specificati | on, including the | | | | | |
| I acknowledge the duty to discle | ose information which is mate | rial to the examination of this applica | tion in accordance with | | | | | |
| Title 37, Code of Federal Regul | ations, § 1.56. | | | | | | | |
| I hereby claim foreign priority b | enefits under Title 35, United | States Code, § 119 of any foreign ap | plication(s) for patent | | | | | |
| States of America listed helow | and have identified helow anv | n(s) designating at least one country foreign application(s) for patent or ir | iventor's certificate of | | | | | |
| any PCT international application | on(s) designating at least one | country other than the United States | of America filed by me | | | | | |
| on the same subject matter have | ring a filing date before that of | the application(s) of which priority is | ciaimeu. | | | | | |
| | A TION ON ANY POLODI | TV OLABAC LINDED 25 LLS C 110- | | | | | | |
| PRIOR FOREIGN/PCT APPLIC | CATION(S) AND ANY PRIORI | TY CLAIMS UNDER 35 U.S.C. 119: | | | | | | |
| COUNTRY | APPLICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | PRIORITY CLAIMED UNDER 35 USC 119 | | | | | |
| Europe | Europe 03104578.4 8 December 2003 YES | | | | | | | |
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| | U.S. | DEPARTMENT OF COMMERCE -Pater | nt and Trademarks Office (July 1994) | | | | | |

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|---|---|---|------------------|---|-----------------|--------------------------------|--|
| Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHNL031449 US | | | | | | | |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact | | | | | | | |
| all busi | iness in the Datent a | and Trademark Office con | nected therewith | (List name and registration n | umber) | | |
| ali busi | mess in the rate in a | ina Trademaik Omoc oo. | | (====================================== | | | |
| | = | N- 00 000 | | | Direct Telepho | ne Calls to: | |
| Jack | Jack E. Hakeri, Ney. 140. 20,302 | | | | | | |
| | el E. Marion, Re | | | (914)332-02 | | | |
| Edwa | rd M. Blocker, F | Reg. No. 30,245 | | 1 ` ' | | SECOND GIVEN NAME | |
| | FULL NAME OF | FAMILY NAME | | 1 II CO OI VEIT IN MILE | | | |
| Į | INVENTOR | VAN DER LEE | | Alexander | | Marc COUNTRY OF CITIZENSHIP | |
| 201 | RESIDENCE & | CITY | · | STATE OR FOREIGN COU | VIRY | | |
| | CITIZENSHIP | Eindhoven | | The Netherlands | | The Netherlands | |
| | POST OFFICE | POST OFFICE ADDRE | SS | CITY | | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaar | 1 6 | 5656 AA Eindhove | en | The Netherlands | |
| | FULL NAME OF | FAMILY NAME | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| ļ | INVENTOR | BUSCH | | Christopher | | | |
| 202 | RESIDENCE & CITY | | | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | | The Netherlands | | Germany | |
| | POST OFFICE POST OFFICE ADDRESS | | SS | CITY | | STATE & ZIP CODE/COUNTRY | |
| Tol. Holstidali o | | | | | The Netherlands | | |
| FULL NAME OF FAMILY NAME | | | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR BRULS | | | Dominique | | Maria | |
| 203 | RESIDENCE & | CITY | | STATE OR FOREIGN COU | NTRY | COUNTRY OF CITIZENSHIP | |
| 203 | CITIZENSHIP | Eindhoven | | The Netherlands | | The Netherlands | |
| | POST OFFICE | POST OFFICE ADDRE | SS | CITY | | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | ADDRESS Prof. Holstlaan 6 5656 AA Eindhoven | | The Netherlands | | | |
| | FULL NAME OF | FAMILY NAME | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | COOPS | | Peter | | | |
| 204 | RESIDENCE & | CITY | | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP | |
| 201 | CITIZENSHIP | Eindhoven | | The Netherlands | | The Netherlands | |
| | POST OFFICE | POST OFFICE ADDRI | ESS | CITY | | STATE & ZIP CODE/COUNTRY | |
| <u> </u> | ADDRESS | Prof. Holstlaai | า 6 | 5656 AA Eindhoven | | The Netherlands | |
| true: a impris applic | I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. | | | | | | |
| SIGNA | ATURE OF INVENT | OR 201 | SIGNATURE OF | F INVENTOR 202 | SIGNAT | URE OF INVENTOR 203 | |
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U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

DATE

(July 1994)

July 18 2005

DATE

DATE

July 14, 2005

SIGNATURE OF INVENTOR 204

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL031449 US

| As a below named inventor, I he | As a below named inventor, I hereby declare that: | | | | | | |
|---|--|--|-------------------------------------|--|--|--|--|
| My residence, post office address and citizenship are as stated next to my name. | | | | | | | |
| believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if lural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention intitled: | | | | | | | |
| the specification of which (check | he specification of which (check only one item below): | | | | | | |
| is attached hereto. | | | | | | | |
| was filed as United States ap | plication | | | | | | |
| Serial No | | | | | | | |
| on | | | | | | | |
| and was amended | | | | | | | |
| on | | - | | | | | |
| x was filed as PCT international | al application | | | | | | |
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| Number PCI/1B2004/052593 | | | | | | | |
| on 30 November 2004 | | | | | | | |
| and was amended under PCT A | Article 19 | | | | | | |
| on | | | (if applicable). | | | | |
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| I hereby state that I have review claims, as amended by any ame | ved and understand the conte endment referred to above. | nts of the above-identified specification | i, including the | | | | |
| I acknowledge the duty to disclo Title 37, Code of Federal Regul | ose information which is mater ations, § 1.56. | rial to the examination of this applicatio | n in accordance with | | | | |
| | | States Code, § 119 of any foreign appli | ication(s) for patent | | | | |
| invented continues or of any | √ DCT international application | i(s) designating at least one country of | Her than the Office | | | | |
| l any DCT international application | on(c) decignation at least one | foreign application(s) for patent or invector of the United States of th | America med by me | | | | |
| on the same subject matter hav | ring a filing date before that of | the application(s) of which priority is cl | aimed: | | | | |
| PRIOR FORFIGN/PCT APPLIC | CATION(S) AND ANY PRIORI | TY CLAIMS UNDER 35 U.S.C. 119: | | | | | |
| | APPLICATION NUMBER | DATE OF FILING | PRIORITY | | | | |
| COUNTRY | ALLFIOATION MONIDEIX | DAY, MONTH, YEAR | CLAIMED UNDER 35 USC 119 | | | | |
| Europe | 03104578.4 | 8 December 2003 | YES | | | | |
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| | U.S. | DEPARTMENT OF COMMERCE -Patent a | nd Trademarks Office (July 1994) | | | | |

| Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHNL031449 US | | | | | | | |
|---|--|--|------------------------------------|---|-----------------------------|--|--|
| POWE all busi | R OF ATTORNE iness in the Patent a | Y: As a named inventor, and Trademark Office con | I hereby appoint nected therewith. | the following attorney(s) and/o . (List name and registration no | r agent(s) to pro umber) | secute this application and transact | |
| Micha | E. Haken, Reg. ael E. Marion, Ro ard M. Blocker, F | eg. No. 32,266 | | | (name and tele | Direct Telephone Calls to: (name and telephone number) (914)332-0222 | |
| | FULL NAME OF | FAMILY NAME | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | VAN DER LEE | | Alexander | | Marc | |
| 201 | RESIDENCE & | CITY | | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP | |
| 201 | CITIZENSHIP | Eindhoven | | The Netherlands | | The Netherlands | |
| | POST OFFICE | POST OFFICE ADDRE | SS | CITY | | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaar | | i i | | The Netherlands | |
| | FULL NAME OF | FAMILY NAME | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | BUSCH | | Christopher | | | |
| 202 | RESIDENCE & | CITY | | STATE OR FOREIGN COU | NTRY | COUNTRY OF CITIZENSHIP | |
| 202 | CITIZENSHIP | Eindhoven | | The Netherlands | | Germany | |
| İ | POST OFFICE | POST OFFICE ADDRI | SS | CITY | | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | | Prof. Holstlaan 6 | | en | The Netherlands | |
| FULL NAME OF FAMILY NAME | | | n 6 5656 AA Eindhoven | | | SECOND GIVEN NAME | |
| | INVENTOR BRULS | | | Dominique | | Maria | |
| 203 | RESIDENCE & | CITY | | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP | |
| 203 | CITIZENSHIP | Eindhoven | | The Netherlands | | The Netherlands | |
| | POST OFFICE POST OFFICE ADDR | | | | | STATE & ZIP CODE/COUNTRY | |
| ADDRESS Prof. Holstlaan 6 | | | 5656 AA Eindhove | en | The Netherlands | | |
| | | FAMILY NAME | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | COOPS | | Peter | | | |
| 204 | RESIDENCE & | CITY | | STATE OR FOREIGN COU | NTRY | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | Eindhoven | The Netherlands | | The Netherlands | | |
| | POST OFFICE | POST OFFICE ADDR | ESS CITY | | | STATE & ZIP CODE/COUNTRY | |
| | ADDRESS | Prof. Holstlaan 6 | | 5656 AA Eindhoven | | The Netherlands | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. | | | | | | | |
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| | | 4 | | 20 | Dominique Brub. | | |
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| SIGN | ATURE OF INVENT | OR 204 | | | | OLLI ADS ACC | |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL031449 US

| As a below named inventor, I he | reby declare that: | | | | | | |
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| My residence, post office address and citizenship are as stated next to my name. | | | | | | | |
| believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if blural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | |
| the specification of which (check | only one item below): | | | | | | |
| is attached hereto. | | | · | | | | |
| was filed as United States ap | pplication | | | | | | |
| Serial No | | | | | | | |
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| was filed as PCT international | ai application | | | | | | |
| Number PCI/IB2004/052593 | | | | | | | |
| on 30 November 2004 | | | | | | | |
| and was amended under PCT A | Article 19 | | | | | | |
| on | | | (if applicable). | | | | |
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| I acknowledge the duty to disclo Title 37, Code of Federal Regul | ose information which is mater | rial to the examination of this applicatio | n in accordance with | | | | |
| | | States Code, § 119 of any foreign appli | cation(s) for patent | | | | |
| : | √ DCT international annication | ils) designating at least one country of | Her man me onice | | | | |
| any DCT international application | on(s) designating at least one | foreign application(s) for patent or invector invector inverted that the United States of the Principle of the Princip | Antienca med by me | | | | |
| on the same subject matter hav | ring a filing date before that of | the application(s) of which priority is cl | aimed: | | | | |
| PRIOR FOREIGN/PCT APPLIC | CATION(S) AND ANY PRIORI | TY CLAIMS UNDER 35 U.S.C. 119: | | | | | |
| COUNTRY | APPLICATION NUMBER | DATE OF FILING | PRIORITY | | | | |
| COUNTRY | ALL LIGATION NOMBER | DAY, MONTH, YEAR | CLAIMED UNDER 35 USC 119 | | | | |
| Europe | 03104578.4 | 8 December 2003 | YES | | | | |
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| | U.S. | DEPARTMENT OF COMMERCE -Patent a | and Trademarks Office (July 1994) | | | | |

| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) Attorneys Docket Number PHNL031449 US | | | | | | | |
|--|---|--|-------------------------------|---|--|---|--|
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) | | | | | | | |
| Micha | E. Haken, Reg. lel E. Marion, Re rd M. Blocker, R | eg. No. 32,266 | (name and te | | Direct Telephor (name and tele (914)332-02 | ephone number) | |
| FULL NAME OF FAMILY NAME | | | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | VAN DER LEE | | Alexander | | Marc | |
| 201 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRE | | CITY 5656 AA Eindhove | en | STATE & ZIP CODE/COUNTRY The Netherlands | |
| | FULL NAME OF INVENTOR | FAMILY NAME BUSCH | | FIRST GIVEN NAME Christopher | | SECOND GIVEN NAME | |
| 202 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTIES The Netherlands | NTRY | COUNTRY OF CITIZENSHIP Germany | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRE | | CITY 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| FULL NAME OF FAMILY NAME | | | | FIRST GIVEN NAME | | SECOND GIVEN NAME | |
| | INVENTOR | BRULS | | Dominique | | Maria | |
| 203 | RESIDENCE & CITIZENSHIP | CITY Eindhoven | | STATE OR FOREIGN COUNTRY The Netherlands | | COUNTRY OF CITIZENSHIP The Netherlands | |
| POST OFFICE POST OFFICE ADDRESS ADDRESS Prof. Holstiaan 6 | | | 5656 AA Eindhoven | | STATE & ZIP CODE/COUNTRY The Netherlands | | |
| FULL NAME OF FAMILY NAME | | FAMILY NAME COOPS | FIRST GIVEN NAME Peter | | SECOND GIVEN NAME | | |
| 204 | RESIDENCE & | CITY Eindhoven POST OFFICE ADDRESS Prof. Holstlaan 6 | | The Netherlands CITY 5656 AA Eindhoven | | COUNTRY OF CITIZENSHIP | |
| | CITIZENSHIP | | | | | The Netherlands | |
| | POST OFFICE ADDRESS | | | | | STATE & ZIP CODE/COUNTRY The Netherlands | |
| true: a | I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. | | | | | | |
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U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

July 14, 2005

10/581642 AP3 Rec'd PCT/PTO 05 JUN 2000

PTO/SB/96 (08-03)
Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| STATEMEN | NT UNDER 37 CFR 3.73(b) | | | | | |
|--|--|--|--|--|--|--|
| Applicant/Patent Owner: Koninklijke Philips Electronics N. | Applicant/Patent Owner: Koninklijke Philips Electronics N.V. | | | | | |
| Application No./Patent No.: | Filed/Issue Date: Concurrently | | | | | |
| Entitled: Method and Apparatus for Two Dimensional Op | otical Storage of Data | | | | | |
| Koninklijke Philips Electronics N.V. , (Name of Assignee) | Corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) | | | | | |
| states that it is: 1. 1. 1. 1. 1. 1. 1. 1. | t; or | | | | | |
| 2. ☐ an assignee of less than the entire right, title and The extent (by percentage) of its ownership inter in the patent application/patent identified above by virtu | rest is ———— % | | | | | |
| A. [] An assignment from the inventor(s) of the patent in the United States Patent and Trademark Office attached. | t application/patent identified above. The assignment was recorded e at Reel, Frame, or for which a copy thereof is | | | | | |
| OR | | | | | | |
| below: | application/patent identified above, to the current assignee as shown | | | | | |
| From: | d States Patent and Trademark Office at, or for which a copy thereof is attached. | | | | | |
| From: The document was recorded in the United | To: | | | | | |
| The document was recorded in the United Reel, Frame | d States Patent and Trademark Office at, or for which a copy thereof is attached. | | | | | |
| The document was recorded in the United | To: d States Patent and Trademark Office at , or for which a copy thereof is attached. | | | | | |
| [] Additional documents in the chain of title | | | | | | |
| [] Copies of assignments or other documents in the case (NOTE: A separate copy (i.e., the original assignments) | chain of title are attached. nent document or a true copy of the original document) ordance with 37 CFR Part 3, if the assignment is to be | | | | | |
| The undersigned (whose title is supplied below) is auth | horized to act on behalf of the assignee. | | | | | |
| 6.1.00 | Michael Belk , Reg. 33,357 | | | | | |
| Date | Typed or printed name | | | | | |
| (914) 333-9643 | mulsels Belk | | | | | |
| Telephone number | Telephone number Signature | | | | | |
| · | Corporate Counsel Title | | | | | |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | | | |
|---|--|--------------------|---------------------|-------------------|---|-------------------|------------------------|--|--|
| I hereb | y appoint: | | | | | | | | |
| X P | ractitioners associated with the Customer | Number: | 247 | 37 | | | | | |
| OR | | <u> </u> | | | | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | | | | |
| | Name | | tration mber | - 1 | Name | R | legistration Number | | |
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| as attorn | ey(s) or agent(s) to represent the unders | igned before the | United States P | atent and Tradema | ark Office (USPTO |) in copped | ion with | | |
| any and | all patent applications assigned only to the to this form in accordance with 37 CFR 3 | e undersigned a | ccording to the l | JSPTO assignmer | t records or assign | nment docu | ments | | |
| Please c | hange the correspondence address for th | ne application ide | ntified in the atta | iched statement u | nder 37 CFR 3.73(| (b) to: | | | |
| | | | | | | | | | |
| X. | The address associated with Customer | Number: | 2473 | 7 | | | | | |
| OR | | | | | | | | | |
| | irm or | | | | | | | | |
| Addres | ndividual Name 8 | | | | | | | | |
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| City State Zip | | | | | | | | | |
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| L | | | | | | | | | |
| Assignee | Name and Address: | | • | | | | | | |
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| | | roenewou | | | | • | | | |
| | | | | | etherland | s | | | |
| A copy | of this form, together with a state | ment under 37 | CFR 3.73(b) | (Form PTO/SB/ | 96 or equivalen | t) is requi | red to be | | |
| filed in | each application in which this forr | n is used. The | statement u | nder 37 CFR 3. | 73(b) may be co | mpleted | by one of | | |
| | ctitioners appointed in this form if st identify the application in which | | | | act on behalf | of the ass | ignee, | | |
| | and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record | | | | | | | | |
| The individual whose signal are and title is supplied below is authorized to act on behalf of the assignee | | | | | | | | | |
| Signatur | Milasto. | May | n | | Date 14 Ja | nuary | 2005 | | |
| Name | Michael E. Marion | | | | Telephone (91 | 4) 33 | 3-9637 | | |
| Title | Authorized Repres | entative |) | | | | | | |
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